

Fill in this information to identify your case:

Debtor 1	<b>Roberto Elizondo-Chavez</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Ann Reid</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF NEBRASKA	
Case number (if known)	17-81595		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ 133,939.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 133,939.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 17,750.10
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 151,689.10

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ 93,129.23
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 93,129.23
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ 0.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ 117,530.13
		<b>Your total liabilities</b> \$ 210,659.36

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ 4,278.75
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 4,278.75
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ 3,972.35
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 3,972.35

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 2 Catherine Ann ReidCase number (if known) 17-81595

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>5,423.98</u>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>6,216.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <u>6,216.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Roberto Elizondo-Chavez</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Ann Reid</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>DISTRICT OF NEBRASKA</b>			
Case number	<b>17-81595</b>		

Check if this is an amended filing

**Official Form 106A/B****Schedule A/B: Property****12/15**

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.

Yes. Where is the property?

1.1

**508 W Perry**

Street address, if available, or other description

**Papillion**      **NE**      **68046-0000**

City                  State                  ZIP Code

**What is the property? Check all that apply**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**\$133,939.00**

**Current value of the portion you own?**

**\$133,939.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

**Fee Simple**

Check if this is community property  
(see instructions)

**Who has an interest in the property? Check one**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Primary Residence**

**Legal Description: Lot 2 Perri Addition**

**Debtor values the property at \$133,939 per Sarpy County Assessor**

**Debtors believe that the true value maybe less, perhaps \$120,000**

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>**

**\$133,939.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

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## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1 Make: **Mitsubishi**  
 Model: **Galant**  
 Year: **2000**  
 Approximate mileage: **150000**

Other information:  
**\*\*\*VIN# 4A3AA46G5YE014632,  
 CONDITION = Fair,  
 Debtor 1's primary vehicle.  
 Debtor values the vehicle at  
 \$500 due to it's current  
 condition. \*\*\*\*\* Current value of  
 vehicle is based of KKB Private  
 Party Value based off the  
 vehicle being in fair condition is  
 \$1022.  
 Location: 508 W Perry,  
 Papillion, NE 68046  
 Debtor1's work vehicle**

## Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property  
 (see instructions)

Do not deduct secured claims or exemptions. Put  
 the amount of any secured claims on Schedule D:  
*Creditors Who Have Claims Secured by Property.*

Current value of the  
 entire property? Current value of the  
 portion you own?

**\$500.00** **\$500.00**

3.2 Make: **Honda**  
 Model: **Odyssey**  
 Year: **2010?**

Approximate mileage: **unknwown**  
 Other information:  
**THIS VEHICLE IS OWNED BY  
 DEBTOR-2'S parents. Debtor 2  
 has full access to this vehicle.  
 Debtor 2 did not pay for this  
 vehicle. Debtor 2 maintains  
 vehicle. Parents pay for  
 insurance and licensing.**

## Who has an interest in the property? Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property  
 (see instructions)

Do not deduct secured claims or exemptions. Put  
 the amount of any secured claims on Schedule D:  
*Creditors Who Have Claims Secured by Property.*

Current value of the  
 entire property? Current value of the  
 portion you own?

**\$0.00** **\$0.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  
 Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for  
 .pages you have attached for Part 2. Write that number here.....=>

**\$500.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the  
 portion you own?  
 Do not deduct secured  
 claims or exemptions.

## 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

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All household goods and furnishings including but not limited to a queen size bed, 2 dressers, 1 chest of drawers, 2 sofas, 1 chair, kitchen table and chairs, 2 twin beds, a old piano, a washer, dryer, refrigerator, stove and dishwasher valued at \$1000.  
Location 508 W Perry, Papillion, NE 68046

\$1,000.00

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....

All electronics including but not limited to a 40" TV, an old computer, 2 cell phones and 2 radios valued at \$200.

\$200.00

Debtors' have some additional Electronics that were purchased through NFM including 2 Apple Pencils and an Apple I pad valued at \$750.

\$750.00

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

Debtors own some CD, some picture, and some collectible Kimono robes valued at \$150

\$150.00

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....

Debtors own 3 bikes valued at \$60

\$60.00

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

Everyday normal clothing

\$200.00

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

Debtor owns some costume jewelry valued at \$40.

\$40.00

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Debtor 2 Catherine Ann Reid

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**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

Debtors own a lab of no economic value	\$0.00
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**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

\$2,400.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....

Cash	\$50.00
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**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

Sac Federal Credit Union XX9204  
Account is overdrawn

\$0.67

17.1. Checking	\$0.67
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17.2. Savings	\$6.76
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17.3. Savings	\$8.70
---------------	--------

17.4. Savings	\$0.01
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**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

Debtor has some 44.64 shares of Great Plains Enerby valued at  
\$1507.94

\$1,507.94

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann ReidCase number (if known) 17-81595

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them

Issuer name:

**Debtor 2 (wife) has an investment fund through Franklin Templeton Investments. Current value in account as of November 2017 = \$441.62**

\$441.62

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

\$2,548.05

**Debtor 2 has a 529 College Savings Plan for Graciela Maria Elizondo through Edward Jones. The value of the plan is \$2548.05 as of September 30, 2017/**

**Debtor 1 has an IRA through Edward Jones. Ending value as of September 29, 2017 = \$6366.12.**

\$6,366.12

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann ReidCase number (if known) 17-81595**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**Whole Life Insurance Policy through**  
**AIG**  
**Death Benefit: \$40,000.00**  
**Premium: \$26.66/month**  
**Cash values as of November 2017 =**  
**\$6380.00**  
**Current Loan - \$3834.77**  
**NetcCash/surrender value to be**  
**\$2545.23**

**Roberto**  
**Elizondo-Chavez**

**\$2,545.23****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..

**Proportional share of 2017 tax refund, if any. Debtors anticipate their tax refunds to be less than their 2016 refunds as they do not have the medical expense/deductions for 2017.**

**Proportional amount estimated at \$1500 at this time.  
However, it could be less this year due to fewer medical bills.  
\$1500 /12 = \$125**

**\$125 x 11 months = \$1375 (estimated)**

**\$1,375.00**

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

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**Debtors have an insurance check from USAA in the amount of \$4084.60 for repairs to the roof of their home from the June 2017 hail storm. Debtors will be making the repairs to the roof and claim 0% interest in that the Debtors reequired to make the repairs per their obligations to the mortgage company. Additional funds are owed from the insurance company once the repairs are inspected and completed.**

\$0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$14,850.10

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.**

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....	\$133,939.00
56. Part 2: Total vehicles, line 5	\$500.00
57. Part 3: Total personal and household items, line 15	\$2,400.00
58. Part 4: Total financial assets, line 36	\$14,850.10
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
62. Total personal property. Add lines 56 through 61...	\$17,750.10
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$151,689.10

Fill in this information to identify your case:

Debtor 1	<b>Roberto Elizondo-Chavez</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Ann Reid</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF NEBRASKA	
Case number (if known)	<b>17-81595</b>		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

##### 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

##### 2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
508 W Perry Papillion, NE 68046 Sarpy County Primary Residence Legal Description: Lot 2 Perri Addition Debtor values the property at 133,939 per Sarpy County Assessor	\$133,939.00	<input checked="" type="checkbox"/> \$60,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. §§ 40-101 - 40-118
Debtors believe that the true value maybe less, perhaps \$120,000 Line from <i>Schedule A/B</i> : 1.1			
2000 Mitsubishi Galant 150000 miles ***VIN# 4A3AA46G5YE014632, CONDITION = Fair, Debtor 1's primary vehicle. Debtor values the vehicle at \$500 due to it's current condition. ***** Current value of vehicle is based of KKB Private Party Value based off t Line from <i>Schedule A/B</i> : 3.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1556(4)

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known)

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>All household goods and furnishings including but not limited to a queen size bed, 2 dressers, 1 chest of drawers, 2 sofas, 1 chair, kitchen table and chairs, 2 twin beds, a old piano, a washer, dryer, refrigerator, stove and dishwasher valued at \$1000.</b>  L	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1556 (3)
Line from Schedule A/B: 6.1			
<b>All electronics including but not limited to a 40" TV, an old computer, 2 cell phones and 2 radios valued at \$200.</b>  Line from Schedule A/B: 7.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1556 (3)
<b>Debtors own some CD, some picture, and some collectible Kimono robes valued at \$150</b>  Line from Schedule A/B: 8.1	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1552
<b>Debtors own 3 bikes valued at \$60</b>  Line from Schedule A/B: 9.1	\$60.00	<input checked="" type="checkbox"/> \$60.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1552
<b>Everyday normal clothing</b>  Line from Schedule A/B: 11.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1556(2)
<b>Cash</b>  Line from Schedule A/B: 16.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1552
<b>Checking: Sac Federal Credit Union XX9204</b>  <b>Account is overdrawn</b>  Line from Schedule A/B: 17.1	\$0.67	<input checked="" type="checkbox"/> \$0.67 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1552
<b>Savings: Sac Federal Credit Union XX3876</b>  Line from Schedule A/B: 17.2	\$6.76	<input checked="" type="checkbox"/> \$6.76 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1552
<b>Savings: Sac Federal Credit Union XX3885</b>  Line from Schedule A/B: 17.3	\$8.70	<input checked="" type="checkbox"/> \$8.70 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1552
<b>Savings: Sac Federal Credit Union XX0969</b>  Line from Schedule A/B: 17.4	\$0.01	<input checked="" type="checkbox"/> \$0.01 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1552

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known)

17-81595

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Debtor has some 44.64 shares of Great Plains Energy valued at \$1507.94</b> Line from Schedule A/B: 18.1	\$1,507.94	<input checked="" type="checkbox"/> \$1,507.94 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1552
<b>Debtor 2 (wife) has an investment fund through Franklin Templeton Investments. Current value in account as of November 2017 = \$441.62</b> Line from Schedule A/B: 20.1	\$441.62	<input checked="" type="checkbox"/> \$441.62 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1552
<b>Debtor 2 has a 529 College Savings Plan for Graciela Maria Elizondo through Edward Jones. The value of the plan is \$2548.05 as of September 30, 2017/</b> Line from Schedule A/B: 24.1	\$2,548.05	<input checked="" type="checkbox"/> \$2,548.05 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 85-1809 and 11 U.S.C. 522
<b>Debtor 1 has an IRA through Edward Jones. Ending value as of September 29, 2017 = \$6366.12.</b> Line from Schedule A/B: 24.2	\$6,366.12	<input checked="" type="checkbox"/> \$6,366.12 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1563.01 & 11 U.S.C. § 522(b)(3)(C)
<b>Whole Life Insurance Policy through AIG</b> Death Benefit: \$40,000.00 Premium: \$26.66/month Cash values as of November 2017 = \$6380.00 Current Loan - \$3834.77 Net Cash/surrender value to be \$2545.23 Beneficiary: Roberto Elizondo-Chavez Line from Schedule A/B: 31.1	\$2,545.23	<input checked="" type="checkbox"/> \$2,545.23 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 44-371
<b>Proportional share of 2017 tax refund, if any. Debtors anticipate their tax refunds to be less than their 2016 refunds as they do not have the medical expense/deductions for 2017.</b> Proportional amount estimated at \$1500 at this time. However, it could be Line from Schedule A/B: 35.1	\$1,375.00	<input checked="" type="checkbox"/> \$1,375.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Neb. Rev. Stat. § 25-1552

## 3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	<b>Roberto Elizondo-Chavez</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Ann Reid</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEBRASKA		
Case number (if known)	<b>17-81595</b>		

Check if this is an amended filing

**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.1 **Nebraska Furniture Mart** \$955.00 \$750.00 \$205.00

Creditor's Name

Describe the property that secures the claim:  
**Debtors' have some additional Electronics that were purchased through NFM including 2 Apple Pencils and an Apple I pad valued at \$750.**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

**Opened**  
**04/04 Last**  
**Active**  
**10/19/17**

Last 4 digits of account number **0REV**

2.2 **Portfolio Recovery Associates, LLC** \$1,089.23 \$0.00 \$1,089.23

Creditor's Name

Describe the property that secures the claim:  
**Judgment Lien**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only

Debtor 1 <b>Roberto Elizondo-Chavez</b>	First Name _____	Middle Name _____	Last Name _____	Case number (if known) <u>17-81595</u>
Debtor 2 <b>Catherine Ann Reid</b>	First Name _____	Middle Name _____	Last Name _____	
<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				<input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number 1443

<u>2.3</u> <b>Seterus Inc</b> Creditor's Name	Describe the property that secures the claim:  <b>508 W Perry Papillion, NE 68046</b> <b>Sarpy County</b> <b>Primary Residence</b> <b>Legal Description: Lot 2 Perri Addition</b> <b>Debtor values the property at 133,939 per Sarpy County Assessor</b>  <b>Debtors believe that the true value maybe less, perhaps \$120,000</b>	\$91,085.00	\$133,939.00	\$0.00
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**14523 Sw Millikan Way St  
Beaverton, OR 97005**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

**Opened  
10/12 Last  
Active**

Date debt was incurred 11/30/16 Last 4 digits of account number 1746

Add the dollar value of your entries in Column A on this page. Write that number here:

\$93,129.23

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

\$93,129.23

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Jonathon Burford</b> <b>Kozeny &amp; McCubbin</b> <b>12400 Olive Blvd, Ste. 555</b> <b>Saint Louis, MO 63141</b>	On which line in Part 1 did you enter the creditor? <u>2.3</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Robert Junso</b> <b>Hornick LLC</b> <b>300 N. Dakota Avenue</b> <b>Suite 511</b> <b>Sioux Falls, SD 57104</b>	Last 4 digits of account number _____
<input type="checkbox"/>		On which line in Part 1 did you enter the creditor? <u>2.2</u>
		Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	<b>Roberto Elizondo-Chavez</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Ann Reid</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF NEBRASKA	
Case number (if known)	<b>17-81595</b>		

Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Total claim
<b>Accredited Collection Service, Inc.</b> Nonpriority Creditor's Name <b>PO Box 27238</b> <b>Omaha, NE 68127</b> Number Street City State Zip Code	Last 4 digits of account number <b>2863</b> <span style="float: right;"><b>\$430.02</b></span>
<b>Who incurred the debt? Check one.</b>	When was the debt incurred?
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b>
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection</b>
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known)

17-81595

<b>4.2</b> <b>Barry &amp; Gretchen Reid</b> Nonpriority Creditor's Name <b>902 Laria Cir</b> <b>Papillion, NE 68046</b> Number Street City State Zip Code	Last 4 digits of account number _____ <b>\$3,000.00</b> When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
<b>4.3</b> <b>Cbs Inc</b> Nonpriority Creditor's Name <b>Po Box 318</b> <b>Fremont, NE 68025</b> Number Street City State Zip Code	Last 4 digits of account number <b>4951</b> <b>\$197.00</b> When was the debt incurred? <b>Opened 9/23/15</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Peterson Kristi Md</b>
<b>4.4</b> <b>CHI Health Business Office</b> Nonpriority Creditor's Name <b>2301 N 117th Ave</b> <b>Ste 100</b> <b>Omaha, NE 68164</b> Number Street City State Zip Code	Last 4 digits of account number _____ <b>\$11,387.92</b> When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known)

17-81595

4.5	<b>CHI Health Business Office</b> Nonpriority Creditor's Name <b>2301 N 117th Ave</b> <b>Ste 100</b> <b>Omaha, NE 68164</b>	Last 4 digits of account number <b>0764</b>	\$416.00
When was the debt incurred? _____			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Potential claim from title company with JP Morgan Chase. Debtors believe there is no debt owing to JP Morgan Chase.</b>			
4.6	<b>Chicago Title Company</b> Nonpriority Creditor's Name <b>2533 N 117th Ave</b> <b>Omaha, NE 68164-3979</b>	Last 4 digits of account number <b>1595</b>	Unknown
When was the debt incurred? <b>7/15/2017</b>			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
4.7	<b>Children's Hospital &amp; Medical Center</b> Nonpriority Creditor's Name <b>PO Box 952806</b> <b>Saint Louis, MO 63195-2806</b>	Last 4 digits of account number <b>5427</b>	\$225.00
When was the debt incurred? _____			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known)

17-81595

<p><b>4.8</b></p> <p><b>Children's Hospital &amp; Medical Center</b>            Nonpriority Creditor's Name  <b>PO Box 952806</b>  <b>Saint Louis, MO 63195-2806</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p>Last 4 digits of account number <b>4417</b>      <b>\$205.25</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
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<p><b>4.9</b></p> <p><b>Children's Hospital &amp; Medical Center</b>            Nonpriority Creditor's Name  <b>8200 Dodge St</b>  <b>Omaha, NE 68114</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical</b></p>	<p>Last 4 digits of account number <b>45,000.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
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<p><b>4.1</b></p> <p><b>Citibank/Best Buy</b>            Nonpriority Creditor's Name  <b>Centralized Bk/Citicorp Credit Svrs</b>  <b>Po Box 790040</b>  <b>St Louis, MO 63179</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b></p>	<p>Last 4 digits of account number <b>0214</b>      <b>\$0.00</b></p> <p>When was the debt incurred? <b>Opened 09/16 Last Active 11/17</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>
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Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known)

17-81595

4.1 1	<p><b>CMRE Financial Services, Inc.</b> Nonpriority Creditor's Name <b>3075 E. Imperial Hwy #200</b> <b>Brea, CA 92821-6753</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>6554</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$200.00</b>
4.1 2	<p><b>Coast Professional Inc</b> Nonpriority Creditor's Name <b>4273 Volunteer Rd</b> <b>Geneseo, NY 14454</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>5788</b></p> <p>When was the debt incurred? <b>Opened 08/17</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney University Of Ne Omaha/Tuition</b></p>	<b>\$3,069.00</b>
4.1 3	<p><b>Credit Bureau Services, Inc.</b> Nonpriority Creditor's Name <b>PO Box 318</b> <b>Fremont, NE 68026</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0495</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$160.44</b>

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known)

17-81595

<div style="border: 1px solid black; padding: 2px;">4.1 4</div> <b>Creighton Prep</b> Nonpriority Creditor's Name <b>7400 Western Ave</b> <b>Omaha, NE 68114</b> Number Street City State Zip Code	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Tuition</b> <input type="checkbox"/> Yes	<b>Unknown</b>
<div style="border: 1px solid black; padding: 2px;">4.1 5</div> <b>DCI Credit Services, Inc</b> Nonpriority Creditor's Name <b>1024 K Street</b> <b>Lincoln, NE 68508</b> Number Street City State Zip Code		
<b>Last 4 digits of account number</b> <b>4588</b> <b>\$7,428.60</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Medical</b> <input type="checkbox"/> Yes		
<div style="border: 1px solid black; padding: 2px;">4.1 6</div> <b>Emergency Physician Associates</b> Nonpriority Creditor's Name <b>PO Box 740023</b> <b>Cincinnati, OH 45274</b> Number Street City State Zip Code		
<b>Last 4 digits of account number</b> _____ <b>\$200.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes		

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

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4.1  
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<b>FedLoan Servicing</b> Nonpriority Creditor's Name <b>Attention: Bankruptcy</b> <b>Po Box 69184</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code	Last 4 digits of account number <b>0001</b>	\$6,216.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b> <b>Opened 09/13 Last Active 10/31/17</b>	
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Educational**

4.1  
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<b>FedLoan Servicing</b> Nonpriority Creditor's Name <b>Po Box 69184</b> <b>Harrisburg, PA 17106-9184</b> Number Street City State Zip Code	Last 4 digits of account number <b>8919</b>	Unknown
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b>	
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.1  
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<b>First Bank Puerto Rico</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>9795 S Dixie Hwy</b> <b>Pinecrest, FL 33156</b> Number Street City State Zip Code	Last 4 digits of account number <b>8898</b>	\$0.00
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>When was the debt incurred?</b> <b>Opened 08/05 Last Active 06/06</b>	
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known)

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4.2 0	<b>General Service Bureau</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 641579</b> <b>Omaha, NE 68164</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$84.00</b>
4.2 1	<b>HCFS Healthcare Financial Services LLC</b> Nonpriority Creditor's Name <b>Alcoa Billing Center</b> <b>3429 Regal Dr</b> <b>Alcoa, TN 37701</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$693.00</b>
4.2 2	<b>Home Depot</b> Nonpriority Creditor's Name <b>PO Box 78011</b> <b>Phoenix, AZ 85062-8011</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <b>6035320177618582</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$359.50</b>

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

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4.2 3	<b>JC Christensen &amp; Associates, Inc.</b> Nonpriority Creditor's Name <b>PO Box 519</b> <b>Sauk Rapids, MN 56379</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3452</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
		<b>\$441.88</b>
4.2 4	<b>Kohls/Capital One</b> Nonpriority Creditor's Name <b>Kohls Credit</b> <b>Po Box 3043</b> <b>Milwaukee, WI 53201</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>7634</b> When was the debt incurred? <b>Opened 11/10 Last Active 11/13/13</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>
		<b>\$441.00</b>
4.2 5	<b>Midlands Hospital</b> Nonpriority Creditor's Name <b>11111 S. 84th St.</b> <b>Papillion, NE 68046</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
		<b>Unknown</b>

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Debtor 2 Catherine Ann Reid

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4.2	<b>Midwest Anesthesia PC</b> Nonpriority Creditor's Name <b>Attn: Patient Accounting</b> <b>1439 E 23rd St</b> <b>Fremont, NE 68025</b>	<b>Last 4 digits of account number</b> _____	<b>Unknown</b>
6	Number Street City State Zip Code	When was the debt incurred? _____	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
7	<b>National Account Syste</b> Nonpriority Creditor's Name <b>Po Box 45767</b> <b>Omaha, NE 68145</b>	<b>Last 4 digits of account number</b> <u>BY9I</u>	<b>\$2,988.00</b>
	Number Street City State Zip Code	When was the debt incurred? <u>Opened 05/14</u>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts 	
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
8	<b>National Account Syste</b> Nonpriority Creditor's Name <b>Po Box 45767</b> <b>Omaha, NE 68145</b>	<b>Last 4 digits of account number</b> <u>DKWJ</u>	<b>\$1,444.00</b>
	Number Street City State Zip Code	When was the debt incurred? <u>Opened 05/17</u>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts 	
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		<b>Collection Attorney Family Dental Associates</b>	

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

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4.2 9	<b>National Account Syste</b> Nonpriority Creditor's Name <b>Po Box 45767</b> <b>Omaha, NE 68145</b> Number Street City State Zip Code	Last 4 digits of account number <b>C126</b>	\$1,170.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 07/14</b>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Tiburon Family Dental</b>	

4.3 0	<b>National Account Syste</b> Nonpriority Creditor's Name <b>Po Box 45767</b> <b>Omaha, NE 68145</b> Number Street City State Zip Code	Last 4 digits of account number <b>BYJO</b>	\$109.00
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> <b>Opened 06/14</b>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Emergency Dental Inc</b>	

4.3 1	<b>National Account Systems of Omaha</b> Nonpriority Creditor's Name <b>PO Box 45767</b> <b>Omaha, NE 68145</b> Number Street City State Zip Code	Last 4 digits of account number <b>4004</b>	\$1,444.77
	<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Collection</b>	

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

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4.3 2	<p><b>National Service Bureau, Inc</b> Nonpriority Creditor's Name <b>Po Box 747 Bothwell, WA 98041</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> <b>Debts to pension or profit-sharing plans, and other similar debts</b></p> <p><input checked="" type="checkbox"/> Other. Specify <b>Nebraska Health Univ Med Ass</b></p>	Last 4 digits of account number <b>3762</b>	\$211.00
4.3 3	<p><b>Nebraska Iowa Radiology Consultants</b> Nonpriority Creditor's Name <b>PO Box 4290 Omaha, NE 68104</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> <b>Debts to pension or profit-sharing plans, and other similar debts</b></p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	Last 4 digits of account number <b>2332</b>	\$285.00
4.3 4	<p><b>Nebraska Medicine</b> Nonpriority Creditor's Name <b>988140 Nebraska Medical Center Omaha, NE 68198-8095</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> <b>Debts to pension or profit-sharing plans, and other similar debts</b></p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	Last 4 digits of account number _____	\$430.02

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

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4.3	<b>Phoenix Financial Services. Llc</b> Nonpriority Creditor's Name <b>Po Box 361450</b> <b>Indianapolis, IN 46236</b>	Last 4 digits of account number <b>9674</b>	<b>\$7,058.00</b>
5	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	<b>When was the debt incurred?</b> <b>Opened 06/17</b>	
		<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Collection Attorney Ach Midlands Hospital Parent</b> <input checked="" type="checkbox"/> Other. Specify <b>Parent</b>			
4.3	<b>Portfolio Recovery</b> Nonpriority Creditor's Name <b>Po Box 41067</b> <b>Norfolk, VA 23541</b>	Last 4 digits of account number <b>9792</b>	<b>\$1,105.00</b>
6	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	<b>When was the debt incurred?</b> <b>Opened 06/14</b>	
		<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Factoring Company Account Ge Capital Retail Bank</b> <input checked="" type="checkbox"/> Other. Specify <b>Retail Bank</b>			
4.3	<b>Portfolio Recovery</b> Nonpriority Creditor's Name <b>Po Box 41067</b> <b>Norfolk, VA 23541</b>	Last 4 digits of account number <b>2792</b>	<b>\$0.00</b>
7	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	<b>When was the debt incurred?</b> <b>Opened 11/20/15 Last Active 7/14/17</b>	
		<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<b>Factoring Company Account Citibank N.A.</b> <input checked="" type="checkbox"/> Other. Specify <b>Citibank N.A.</b>			

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known)

17-81595

4.3 8	<p><b>Summit Dental</b> Nonpriority Creditor's Name <b>1105 Howard St Ste 00</b> <b>Omaha, NE 68102-2841</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>                  </u> <b>\$849.00</b></p> <p><b>When was the debt incurred?</b> <u>                  </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
4.3 9	<p><b>Target</b> Nonpriority Creditor's Name <b>C/O Financial &amp; Retail Svrs</b> <b>Mailstopn BT POB 9475</b> <b>Minneapolis, MN 55440</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Credit Card</b></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>1912</u> <b>\$705.00</b></p> <p><b>When was the debt incurred?</b> <u>Opened 04/09 Last Active 10/24/13</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.4 0	<p><b>TekCollect Inc</b> Nonpriority Creditor's Name <b>Po Box 1269</b> <b>Columbus, OH 43216</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Collection Attorney Weeder Pediatric Dentistry</b></p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>2835</u> <b>\$557.00</b></p> <p><b>When was the debt incurred?</b> <u>Opened 02/17</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known)

17-81595

4.4 1	<b>The Urology Center PC</b> Nonpriority Creditor's Name <b>111 S 90 St</b> <b>Omaha, NE 68114</b> Number Street City State Zip Code	Last 4 digits of account number <b>7144</b>	\$293.00
<b>Who incurred the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
<b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Medical</b> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
4.4 2	<b>Transworld System Inc</b> Nonpriority Creditor's Name <b>2235 Mercury Way</b> <b>Ste 275</b> <b>Santa Rose, CA 95407</b> Number Street City State Zip Code	Last 4 digits of account number <b>7001</b>	\$611.00
<b>Who incurred the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Collection Attorney Midlands</b> <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
4.4 3	<b>United Recovery Systems, LP</b> Nonpriority Creditor's Name <b>PO Box 722910</b> <b>Houston, TX 77272-2910</b> Number Street City State Zip Code	Last 4 digits of account number <b>9486</b>	\$14,123.23
<b>Who incurred the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known)

17-81595

<p><b>4.4</b></p> <p><b>4</b></p> <p><b>Usaa Svg Bk</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>10750 Mcdermott Freeway</b> <b>San Antonio, TX 78288</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>9486</b></p> <p>When was the debt incurred? <b>Opened 05/99 Last Active 9/18/13</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Duplicate.</b></p>	<p><b>Unknown</b></p>	
<p><b>4.5</b></p> <p><b>Van Ru Credit Collection</b> Nonpriority Creditor's Name <b>PO Box 1366</b> <b>Des Plaines, IL 60017</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number <b>6359</b></p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><b>\$3,992.50</b></p>
<p><b>4.6</b></p> <p><b>Weeder Pediatric Dentistry</b> Nonpriority Creditor's Name <b>9825 Giles Rd Suite A/B</b> <b>La Vista, NE 68128</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number _____</p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><b>Unknown</b></p>

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Roberto Elizondo-Chavez**  
Debtor 2 **Catherine Ann Reid**

Case number (if known)

**17-81595**

## Name and Address

**Alcoa Billing Center  
3429 Regal Dr  
Alcoa, TN 37701**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Capital One NA  
c/o Becket and Lee LLP  
POB 3001  
Malvern, PA 19355-0701**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Children's Physicians  
PO Box 952806  
Saint Louis, MO 63195-2806**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Irish Taylor Dental, LLC  
South Omaha Dental  
4843 S 24 St  
Omaha, NE 68107**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Kristi Peterso MD  
10701 S 72nd St Ste 100  
Papillion, NE 68046**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Midlands Hospital  
11111 S. 84th St.  
Papillion, NE 68046**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Midlands Hospital  
11111 S. 84th St.  
Papillion, NE 68046**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Nebraska Medicine  
988095 Nebraska Medical Center  
Omaha, NE 68198-8095**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**New Century Physicians of  
Nebraska, LLC  
6681 Country Club Drive  
Minneapolis, MN 55427**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Phoenix Financial Services  
PO Box 361450  
Indianapolis, IN 46236-1450**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**University of Nebraska Omaha  
c/o Daniel Johnson  
Seville Square II Ste 205  
14710 West Dodge Road**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Roberto Elizondo-Chavez**  
Debtor 2 **Catherine Ann Reid**

Case number (if known)

**17-81595****Omaha, NE 68154**

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a. \$ <b>0.00</b>	Total Claim
	6b. Taxes and certain other debts you owe the government	6b. \$ <b>0.00</b>	
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <b>0.00</b>	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>	
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ <b>0.00</b>	
Total claims from Part 2	6f. Student loans	6f. \$ <b>6,216.00</b>	Total Claim
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <b>0.00</b>	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <b>0.00</b>	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>111,314.13</b>	
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ <b>117,530.13</b>	

Fill in this information to identify your case:

Debtor 1	<b>Roberto Elizondo-Chavez</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Ann Reid</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEBRASKA		
Case number (if known)	<b>17-81595</b>		

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease			State what the contract or lease is for
Name, Number, Street, City, State and ZIP Code			
2.1			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			
2.2			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			
2.3			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			
2.4			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			
2.5			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			

Fill in this information to identify your case:

Debtor 1	<b>Roberto Elizondo-Chavez</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Ann Reid</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEBRASKA		
Case number (if known)	17-81595		

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.1

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.2

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:	
Debtor 1	<b>Roberto Elizondo-Chavez</b>
Debtor 2 (Spouse, if filing)	<b>Catherine Ann Reid</b>
United States Bankruptcy Court for the: <b>DISTRICT OF NEBRASKA</b>	
Case number (If known)	<b>17-81595</b>

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

**Debtor 1**

Employed  
 Not employed

**Debtor 2 or non-filing spouse**

Employed  
 Not employed

Occupation

**Granite Fabricator**

Employer's name

**Stone Masters**

Employer's address

**902 South St  
Gretna, NE 68028**

How long employed there?

**10 years**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
---------------------	--

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$	<b>3,583.33</b>	\$	<b>0.00</b>
3. +\$	<b>0.00</b>	+\$	<b>0.00</b>
4. \$	<b>3,583.33</b>	\$	<b>0.00</b>

Debtor 1 Roberto Elizondo-Chavez  
 Debtor 2 Catherine Ann Reid

Case number (if known)

17-81595

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b>	<b>4. \$ 3,583.33</b>	<b>\$ 0.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 304.58	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	<b>6. \$ 304.58</b>	<b>\$ 0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7. \$ 3,278.75</b>	<b>\$ 0.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <b>Estimated continual parent's contribution to HH expenses</b>	8h.+ \$ 1,000.00	+ \$ 0.00
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	<b>9. \$ 1,000.00</b>	<b>\$ 0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>10. \$ 4,278.75</b>	<b>+ \$ 0.00</b>
	<b>= \$ 4,278.75</b>	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 4,278.75	
	<b>Combined monthly income</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain:	<p>1. Debtor 2 had to terminate her employment with Chilis due to health issues and is currently not working. Debtor hopes to be able to find employment with health benefits in the near future.</p> <p>2. Debtor's calculated tax rate is 8.5%. See attached statement</p> <p>3. If Debtor 2 becomes employed, parents will decrease their contribution to household.</p>	

Fill in this information to identify your case:

Debtor 1	<b>Roberto Elizondo-Chavez</b>
Debtor 2 (Spouse, if filing)	<b>Catherine Ann Reid</b>
United States Bankruptcy Court for the: <b>DISTRICT OF NEBRASKA</b>	
Case number (If known)	<b>17-81595</b>

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes.

Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

**Daughter**

**9**

No

Yes

No

Yes

No

Yes

No

Yes

**Son**

**15**

No

Yes

No

Yes

No

Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **727.87**

##### If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

4a. \$ **0.00**  
4b. \$ **0.00**  
4c. \$ **75.00**  
4d. \$ **0.00**  
5. \$ **0.00**

##### 5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1 **Roberto Elizondo-Chavez**  
 Debtor 2 **Catherine Ann Reid**

Case number (if known) **17-81595**

6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <b>118.00</b>
6b. Water, sewer, garbage collection	6b. \$ <b>0.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <b>0.00</b>
6d. Other. Specify: <b>Internet bill</b>	6d. \$ <b>110.00</b>
<b>Trash</b>	\$ <b>16.66</b>
<b>Gas</b>	\$ <b>75.00</b>
<b>MUD</b>	\$ <b>50.00</b>
7. <b>Food and housekeeping supplies</b>	7. \$ <b>800.00</b>
8. <b>Childcare and children's education costs</b>	8. \$ <b>0.00</b>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <b>200.00</b>
10. <b>Personal care products and services</b>	10. \$ <b>125.00</b>
11. <b>Medical and dental expenses</b>	11. \$ <b>600.00</b>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <b>450.00</b>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <b>125.00</b>
14. <b>Charitable contributions and religious donations</b>	14. \$ <b>25.00</b>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <b>20.00</b>
15b. Health insurance	15b. \$ <b>0.00</b>
15c. Vehicle insurance	15c. \$ <b>63.16</b>
15d. Other insurance. Specify: <b>Am General Whole Life ins premium</b>	15d. \$ <b>26.66</b>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>Vehicle Tax &amp; Registration</b>	16. \$ <b>10.00</b>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$ <b>0.00</b>
17c. Other. Specify:	17c. \$ <b>0.00</b>
17d. Other. Specify:	17d. \$ <b>0.00</b>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <b>0.00</b>
19. <b>Other payments you make to support others who do not live with you.</b> Specify:	\$ <b>0.00</b>
19.	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <b>0.00</b>
20b. Real estate taxes	20b. \$ <b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$ <b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$ <b>0.00</b>
21. <b>Other:</b> Specify: <b>Pet Expenses</b>	21. +\$ <b>40.00</b>
<b>School Tuition- Creighton Prep (from parent's contribution)</b>	+\$ <b>150.00</b>
<b>Netflix</b>	+\$ <b>15.00</b>
<b>Misc. household</b>	+\$ <b>150.00</b>
22. <b>Calculate your monthly expenses</b>	
22a. Add lines 4 through 21.	\$ <b>3,972.35</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <b>3,972.35</b>
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <b>3,972.35</b>
23. <b>Calculate your monthly net income.</b>	
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <b>4,278.75</b>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <b>3,972.35</b>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <b>306.40</b>

Debtor 1 **Roberto Elizondo-Chavez**  
Debtor 2 **Catherine Ann Reid**

Case number (if known) **17-81595**

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.  
 Yes.

Explain here: 1. Debtors do NOT have medical insurance. Debtors' children and Debtor 2 have had major medical expenses. One child had a major bone infection a few years ago resulting in a 65k medical bill. Son, age 15, has spina bifida. Son has to continually have a catheter due to a genetic defect. As a result, medical bills are about \$500 a month.  
2. Debtor 2's parents are paying the tuition for their 9 year old daughter at St. St. Columbkille Catholic grade school.

Fill in this information to identify your case:

Debtor 1	<b>Roberto Elizondo-Chavez</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Ann Reid</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEBRASKA		
Case number (if known)	<b>17-81595</b>		

Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Roberto Elizondo-Chavez

**Roberto Elizondo-Chavez**

Signature of Debtor 1

Date December 4, 2017

X /s/ Catherine Ann Reid

**Catherine Ann Reid**

Signature of Debtor 2

Date December 4, 2017

Fill in this information to identify your case:

Debtor 1	<b>Roberto Elizondo-Chavez</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Catherine Ann Reid</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEBRASKA		
Case number (if known)	17-81595		

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$35,180.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$10,049.72

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known) 17-81595

<b>Debtor 1</b>		<b>Debtor 2</b>	
<b>Sources of income</b> Check all that apply.		<b>Gross income</b> (before deductions and exclusions)	
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$2,570.07
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<b>For last calendar year:</b> <b>(January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$44,785.00	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00
	<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business	
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2015 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$47,480.00	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00
	<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

<b>Debtor 1</b>		<b>Debtor 2</b>	
<b>Sources of income</b> Describe below.		<b>Gross income from each source</b> (before deductions and exclusions)	
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>2016 State tax refund received in 2017</b>	\$1,288.00	
	<b>2016 Federal tax refund received in 2017</b>	\$5,968.00	
	<b>Gift from parents</b>	\$0.00	\$15,000.00
		\$0.00	<b>Gift from parents</b> \$20,000.00
<b>For last calendar year:</b> <b>(January 1 to December 31, 2016 )</b>	<b>Dividends as reported on 2016 Federal tax return</b>	\$45.00	
	<b>2015 Federal tax refund received in 2016</b>	\$5,429.00	
	<b>2015 State tax refund received in 2016</b>	\$1,267.00	
		\$0.00	<b>Gift from parents</b> \$15,000.00

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known) 17-81595

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
For the calendar year before that: (January 1 to December 31, 2015 )	Dividends as reported on 2015 Federal tax return	\$42.00		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
------------	--------------------	-----------------	--------------------

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known)

17-81595

Case title Case number	Nature of the case	Court or agency	Status of the case
Portfolio Recovery Associates LLC v Catherine Reid CI 15-1443	Lawsuit	Sarpy County District Court 1210 Golden Gate Drive Papillion, NE 68046	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Transcribed judgment</b>			
Portfolio Recovery Associates v Catherine Reid CI 15-1283	Lawsuit	Sarpy County Court 1210 Golden Gate Drive Suite 3142 Papillion, NE 68046	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Judgment</b>			

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Charity's Name	Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann ReidCase number (if known) 17-81595**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

 No Yes. Fill in the details.

**Describe the property you lost and how the loss occurred**

Debtors residence sustained hail damage in the June 2017 storm. Debtors have an insurance check from USAA made payable to them and Seterus in the amount of \$4084.60 for the repairs to the roof. There are additional funds owed once the repairs are completed, however the debtor does not know the additional amount to be paid.

**Describe any insurance coverage for the loss**

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

USAA insurance proceeds

**Date of your loss**

June 2017

**Value of property lost**

\$4,084.60

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

**Person Who Was Paid**

Address

Email or website address

Person Who Made the Payment, if Not You

John T. Turco & Associates, P.C.,  
L.L.O.  
2580 South 90th Street  
Omaha, NE 68124

**Description and value of any property transferred**

\$1,000 less credit reports (\$53), less court costs (\$310), less attorney fees (\$637)

**Date payment or transfer was made**

11/3/17

**Amount of payment**

\$1,000.00

**Debt Education and Certification**

Foundat

114 Goliad St

Fort Worth, TX 76126

**Debtors education class-Pre-bankruptcy "Debt Education Course"**

11/3/17

\$15.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

**Person Who Was Paid**

Address

**Description and value of any property transferred**

**Date payment or transfer was made**

**Amount of payment**

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known) 17-81595

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)** No Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units****20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Pinnacle Bank 8401 W Dodge Rd #25 Omaha, NE 68154	XXXX-0341	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	10/6/2017	\$0.00

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?** No Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?** No Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (if known) 17-81595

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Barry and Gretchen Reid 902 Lariat Circle Papillion, NE 68046	Debtors' posession	2010 Honda Odyssey. Value is a guess.	\$15,000.00

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 Roberto Elizondo-Chavez  
Debtor 2 Catherine Ann Reid

Case number (*if known*) **17-81595**

No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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Debtor 1 **Roberto Elizondo-Chavez**  
Debtor 2 **Catherine Ann Reid**

Case number (*if known*) **17-81595**

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Roberto Elizondo-Chavez  
**Roberto Elizondo-Chavez**  
Signature of Debtor 1

/s/ Catherine Ann Reid  
**Catherine Ann Reid**  
Signature of Debtor 2

Date December 4, 2017

Date December 4, 2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

In re **Roberto Elizondo-Chavez  
Catherine Ann Reid**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

**STATEMENT OF FINANCIAL AFFAIRS**  
**Attachment A**

**Statement of Financial Affairs #4**

**2017 YTD Gross Income - Stonemasters - \$35,180**

**2017 Gross Income - Chilis - \$10,049.72**

**2017 Gross income - St Columbkille Church - \$2570.07**

**2016 Gross Income as reported on 2016 Federal Tax Return - \$44,785 (Joint income)**

**2015 Gross Income as reported on 2015 Federal Tax Return - \$47,480 (Joint income)**

**Statement of Financial Affairs #5**

**2016 State tax refund received in 2017 - \$1288**

**2016 Federal tax refund received in 2017 - \$5968**

**2016 Dividends as reported on 2016 tax return - \$45**

**2015 Federal tax refund received in 2016 - \$5429**

**2015 State tax refund received in 2016 - \$1267**

**2015 Dividends as reported on 2015 tax return - \$42**

**2015-2017- Gift from parents. Estimate only**

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

### Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
	\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	<u>administrative fee</u>
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	<u>administrative fee</u>
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court  
District of Nebraska

In re **Roberto Elizondo-Chavez**  
**Catherine Ann Reid**

Debtor(s)

Case No.

Chapter

**13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ _____ *
Prior to the filing of this statement I have received .....	\$ <b>637.00</b>
Balance Due .....	\$ _____ *

2. \$ **310.00** of the filing fee has been paid.

\*Provided for on the Chapter 13 Plan

3. The source of the compensation paid to me was:

Debtor       Other (specify): \*Debtors' counsel shall select compensation via the Chapter 13 Plan

4. The source of compensation to be paid to me is:

Debtor       Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;  
b. [Other provisions as needed]

**Communications with creditors; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods, judicial lien avoidances (Debtor required to inform counsel of existence of such liens, in writing) and relief from stay actions. All services performed subject to hourly rate per separate fee agreement and terms and conditions set forth in Bankruptcy Information Form.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions or any other adversary proceeding and all other terms and conditions as set forth in writing between Attorney and Debtor(s).**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 4, 2017

Date

/s/ John T. Turco

**John T. Turco 19143**

*Signature of Attorney*

**John T. Turco & Associates, P.C., L.L.O.**

**2580 South 90th St.**

**Omaha, NE 68124**

Name of law firm

**United States Bankruptcy Court  
District of Nebraska**

In re **Roberto Elizondo-Chavez**  
**Catherine Ann Reid**

Debtor(s)

Case No. **17-81595**  
Chapter **13**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: December 4, 2017

/s/ Roberto Elizondo-Chavez

**Roberto Elizondo-Chavez**

Signature of Debtor

Date: December 4, 2017

/s/ Catherine Ann Reid

**Catherine Ann Reid**

Signature of Debtor